

FINAL REPORT
Complete this form if your business is sold, closed, or discontinued.

FEDERAL EMPLOYER ID NUMBER			—							
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Business Name and Address:

Mail to: **Government of the District of Columbia**
Office of Tax and Revenue
P.O. Box 470
Washington, D.C. 20044-0470

If business was sold, state purchaser's name, address
and date sold:

Name _____

Address _____

Date Sold _____

PERSON TO CONTACT FOR ADDITIONAL INFORMATION

NAME AND TITLE

If business has been closed or discontinued:

Date closed or discontinued: _____

Reason: _____

PHONE NUMBER